

DOH Tuberculosis Contact Investigation Form Data Dictionary

Use of Contact Investigation Form: To report contacts to DOH TB program identified from confirmed TB cases for use in analysis and TB control.

Priority of Exposed Contact:

There are three priorities:

1. Contact exposed to persons with acid-fast bacilli (AFB) sputum smear-positive or cavitary TB cases.
2. Contacts exposed to persons with AFB sputum smear-negative TB cases.
3. Contacts exposed to persons with suspected TB cases with abnormal chest radiographs not consistent with TB disease.

DOH TB Program will focus on the highest priority (1) contacts which are: exposed to persons with acid-fast bacilli (AFB) sputum smear-positive or cavitary tuberculosis cases. Contacts to these cases will fall under one of the following categories.

(High) = Case is positive sputum smear or cavitary chest x-ray

(Medium) = Contacts aged 5 - 15 years old

(Low) = All other contacts that do not fall under the preceding categories

Contact Investigation:

1. Date Identified: Report date when the *first* contact was identified (usually when case was first interviewed).
2. Date Interviewed: Report date when the first contact was interviewed.
3. Date of Evaluation: 1) TST positive, CXR completed, and sputum collected if indicated; 2) TST placed and read after the end of the window period; or 3) contacts with documentation of previous diagnosed disease or LTBI—even if no further tests and exams are done.

Risk Factors:

Please mark on the form:

(Y) = Yes

(N) = No

For **each** of the following risk factors listed below. Make sure not to leave any columns blank or DOH TB Program will call to ask if the patient was asked all the questions.

- 1 = No risk identified
- 2 = Greater than 4 years of age
- 3 = Contact to sputum Smear positive
- 4 = Contact to sputum smear negative with chest x-ray cavitory
- 5 = Congregate Setting
- 6 = Chest x-ray consistent with previous TB
- 7 = HIV infection
- 8 = Medical risk factors

Prior Positive:

- (1) = Follow-up needed for contacts that had prior positive PPDs but did not complete a course of treatment.
- (2) = Follow-up not needed for contacts that had prior positive PPDs and completed treatment.

Completion of Treatment: a nine month regimen of isoniazid is the preferred regimen for the treatment of Latent TB Infection (LTBI); a six month regimen also provides substantial protection. When isoniazid is chosen for treatment of LTBI in persons with HIV infection or those with radiographic evidence of prior TB, nine months rather than six months is recommended.

Completion Date (of treatment) or Discontinued Due To:

- (C) = Completed treatment
- (D) = Died during treatment
- (L) = Lost
- (M) = Moved & records referred
- (P) = Provider discontinued meds
- (R) = Refused to continue
- (T) = TB disease diagnosed